• Delivery System Model
• Retroactive Eligibility Process
• Chiropractic vs. Physical Therapy
• Behavioral Health Rehabilitative Services
• Things Happening at MDwise
• Contact Information
• Resources
• Questions
Delivery System Model
INDIANA HEALTH COVERAGE PROGRAMS

**Traditional Medicaid**
Medicaid-eligible members are placed in the for Service Medicaid pending the selection of a managed care plan and primary care provider for the Hoosier Healthwise program or their selection of a care management organization and primary care provider for the Hoosier Care Connect program.

**Healthy Indiana Plan (HIP)**
Managed Care Option
Coverage requirement
low-income Hoosiers ages 19 to 64

*What is a Delivery System Model?*
MDwise serves its Hoosier Healthwise and HIP members under a “delivery system model.” The basis of this model is the localisation of health care around a group of providers. These organisations, called “delivery systems,” are composed of hospital, primary care, specialty care and ancillary providers. To serve Medicaid clients in the Hoosier Healthwise and HIP programs, behavioral health providers must be connected to MDwise delivery system providers.
Delivery System Model

Hoosier Healthwise Delivery Systems*

MDwise Select Health Network (SHN)
MDwise Eskenazi Health
MDwise Indiana University Health
MDwise Total Health
MDwise Community Health Network CHN
MDwise St. Vincent
MDwise Excel Network
MDwise St. Catherine
Delivery System Model

• Localization of healthcare around a group of providers
  – Hospitals
  – Primary/Specialty Care providers
  – Ancillary Providers

• What does this mean?

• How does this affect me?
What does this mean?

• Members delivery system is determined by PMP
• Be a PMP with one delivery system
• Only two PMP locations with a panel
• Specialist role with multiple delivery systems

How does this affect me?

• Must contract separately with each delivery system
• Know how to enroll providers
• Submit claims to correct delivery system
• Work with your dedicated delivery system representative
Retroactive Eligibility
Retroactive Eligibility

- Newborns
- PE Members

Claim Submission

- Must use members RID
- Timely filing extended to 365 days from date of eligibility
- Submit claims by paper
- Send supporting documentation
  - Letter explaining members retroactive eligibility, or
  - Printout/screenshot of Provider Healthcare Portal
Authorization for Retroactive Eligibility Services

• Verify services require authorization
• Request authorization using PA form
• Be sure to note the member has retroactive eligibility
• Send PA request to correct delivery system

Notes: Member has retroactive eligibility

http://www.mdwise.org/for-providers/forms/prior-authorization/
  – Prior Authorization Request Form
  – PA Quick Contact Guide
Chiropractic Services

- Specialty 150

Chiropractic Limitations

- Hoosier Healthwise
  - 50 office visits/treatments per year; maximum 5 office visits

- Healthy Indian Plan
  - HIP State Plan/Maternity: 50 office visits/treatments per year; maximum 5 office visits
  - HIP Plus: 6 treatments per year
  - HIP Basic: Not Covered
Physical Therapy Services
• Specialty 170

Physical Therapy Limitations
• Hoosier Healthwise:
  – Package A: 12 hours or visits within 30 days of discharge from hospital
  – Package C: maximum 50 visits per rolling year per therapy type

• Healthy Indiana Plan
  – HIP State Plan/Maternity: Maximum 12 visits every 30 days (without PA)
  – HIP Plus: 75 visits annually
  – HIP Basic: 60 visits annually
BT201690

- IHCP expands provider types allowed to order physical and occupational therapy services
- Physical Therapy (PT) services can be ordered by Chiropractors, Dentists, Nurse Practitioners, Physicians Assistants, Podiatrists and Psychologists
- 405 IAC 5-22-8: physical therapy services must be performed by:
  - A licensed physical therapist
  - A certified physical therapist assistant (PTA) under the direct supervision of a licensed physical therapist or physician
- Per MDwise Provider Manual, these services may require authorization prior to rendering services
Prior Authorization

- Common services that can be rendered by a Chiropractor and if authorization is required

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<th>Procedure</th>
<th>Chiropractic Service</th>
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<td>99201</td>
<td>Office Visit: evaluation of new member</td>
<td>Yes</td>
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<td>99212</td>
<td>Office visit for established patient</td>
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<td>Group Therapy Session</td>
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<td>97012</td>
<td>Mechanical Traction; 15-30 minutes</td>
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<td>97032</td>
<td>Electrical Stimulation</td>
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<td>97110</td>
<td>Therapeutic Exercises</td>
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<td>97140</td>
<td>Manual Therapy; 1 or more regions</td>
<td>Yes</td>
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</table>

*Based on Excel PA Guidelines
Submitting Claims

• Verify correct CPT and diagnosis codes are used

• Include PA information/documentation for codes that require authorization

• Be sure modifiers are included when appropriate
  – Example: when eligible PT services are performed by PTA, HM modifier must be used for reimbursement
  – Example: when billing a chiropractic office visit and a separately identifiable evaluation and management service (i.e. manipulation), modifier 25 should be used

• Send claims to correct program and delivery system
Opioid Treatment Program
The Opiate Treatment program (OTP) is a specific bundled service that includes the administration of Methadone. Only approved providers are able to provide this service.

Opiate Use Disorder: A problematic pattern of opioid use leading to clinically significant impairment or distress.

Common Opiates:
- Oxycodone
- Hydrocodone
- Fentanyl
- Heroin
OTP Specific Codes

- **H0020: Alcohol and/or drug services**
  - methadone administration and/or service (provision of the drug by a licensed program) for each day a member presents for treatment

- **Reimbursement for code H0020 will be based on a daily bundled rate**
  - Includes reimbursement for the following services:
    - Oral medication administration, direct observation, daily
    - Methadone, daily
    - Drug testing, monthly
    - One office visit every 90 days

- Providers that allow members take-home doses of methadone must bill code H0020 with modifier UA – for each DOS a take-home dose of methadone is dispensed (42 CFR 8-12)

- Additional therapy codes are allowed outside of bundle when a relapse occurs
OTP Provider Requirements

• Must be Division of Mental Health and Addiction (DMHA) certified and hold DEA license to prescribe Methadone
• Registered and active with IHCP
• Enrolled as Addiction Services/Opioid Treatment Provider
  – Type 35, Specialty 835
• Contracted and enrolled with MDwise Behavioral Health
• Be an HSPP or under the supervision of an HSPP/Physician to provide services within bundle
  – Licensed Psychologist
  – Licensed Clinical Social Worker (LCSW)
  – Licensed Marriage and Family Therapist (LMFT)
  – Licensed Mental Health Counselor (LMHC)
  – Licensed Clinical Addiction Counselor (LCAC)
  – Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist
Prior Authorization

- Review services for authorization prior to rendering services
  - PA not required for contracted, IHCP/DMHA approved providers
  - PA required for non-contracted, IHCP/DMHA approved providers
- Request blocks of dates for outpatient care to include additions to the members treatment plan
- Treatment plan goals that are diagnosis specific and measurable to facilitate the review and approval of services

Claim Submission

- File OTP and Behavioral Health claims following the same process for medical claims
- Check eligibility prior to rendering services
- Copays may apply to OTP services, depending on the members health plan
Reimbursement for OTP Providers

• **Hoosier Healthwise Providers**
  – Contracted Providers: 100% IHCP Medicaid Fee Schedule amount
  – Non-contracted Providers: 98% of the IHCP fee schedule for medically necessary services

• **Healthy Indiana Plan Providers**
  – MDwise will cover and reimburse medically necessary mental health care services, including substance abuse services
  – Contracted Providers:
    • Medicare reimbursement if one is available
    • 130% of Medicaid rates if the service does not have a Medicare reimbursement rate
    • 90% of billed charges if there is no Medicare or Medicaid rate
  – Non-contracted Providers: 98% of the Medicare rate or IHCP fee schedule for medically necessary services if no Medicare rate is available
Opioid Treatment Program Education

• IHCP Bulletins & Banners
  – BT201755
  – BT201744
  – BR201738

• Code of Federal Regulations
  – 42 CFR 8-12

• MDwise Behavioral Health Resources (Member and Provider)
  – http://www.mdwise.org/for-providers/behavioral-health

• IHCP Provider Module
  – Mental Health and Addiction Services
MDwise Covered Treatment

• Mental Health/Substance Abuse Services
  – State Psychiatric Hospital
  – Freestanding Psychiatric Facility
  – Substance Abuse Residential Treatment Center

Coverage by Program

• Hoosier Healthwise
  – Package A: Covered when medically necessary for members under 21
  – Package C: Coverage is reimbursed when deemed medically necessary and is subject to the same coverage policies and limitations as Package A

• Healthy Indiana Plan
  – HIP Basic/Plus/State Plan: Covered
• Low-Intensity Residential Treatment
  – Procedure Code: H2034
  – Includes individual/group therapy, medication training and support, case management, drug testing and peer recovery supports
  – American Society of Addiction Medicine (ASAM) Level 3.1

• High-Intensity Residential Treatment
  – Procedure Code: H0010
  – Includes individual/group therapy, medication training and support, case management, drug testing, peer recovery supports and skills training and development
  – ASAM Level 3.5 (considered medium-intensity treatment for adolescents)

• Modifiers
  – U1: Adult members (19 years and older)
  – U2: Adolescent members (0-18 years older)
Effective May 1, 2018

Updated Pharmacy Prior Authorization List
• Reflect medications that will be carved out of managed care coverage
  – Examples: Exondys-51, Spinraza
• IHCP Bulletins
  – BT201810
  – BT201812

Affected Medications
• [http://www.mdwise.org/for-providers/forms/prior-authorization](http://www.mdwise.org/for-providers/forms/prior-authorization)
  – Medical Code Exclusion List
  – MDwise Self-Administered Codes for Medical
Medications transitioning from medical coverage to pharmacy coverage

- Prescription will be needed for medications
- Must be processed through a contracted pharmacy. For example:
  - AllianceRx Walgreens Prime
  - IU Health Retail
  - Eskenazi Retail Pharmacies

Questions and Inquiries:

- Provider Relations Representative
  - [http://www.mdwise.org/for-providers/contact-information](http://www.mdwise.org/for-providers/contact-information)
- Customer Service: 1-800-356-1204
- Email: pharmacy@mdwise.org
Evolent Mailroom Process Update

- New mailroom process and solution effective July 1, 2018
- Affects mailed claims and documents only

<table>
<thead>
<tr>
<th>Program</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDwise Hoosier Healthwise</td>
<td>P.O. Box 211572</td>
</tr>
<tr>
<td>*excludes those Delivery Systems who bill to CMCS</td>
<td>Eagan, MN 55121</td>
</tr>
<tr>
<td>MDwise Healthy Indiana Plan</td>
<td>P.O. Box 211571</td>
</tr>
<tr>
<td></td>
<td>Eagan, MN 55121</td>
</tr>
<tr>
<td>MDwise Hoosier Care Connect</td>
<td>P.O. Box 211512</td>
</tr>
<tr>
<td></td>
<td>Eagan, MN 55121</td>
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<tr>
<td>MDwise Marketplace</td>
<td>P.O. Box 211473</td>
</tr>
<tr>
<td></td>
<td>Eagan, MN 55121</td>
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</tbody>
</table>

- Questions? Contact Provider Relations: 317-822-7300 ext. 5800
Contact Information
Contact Information – MDwise Excel

Region 1
Paulette Means
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Region 5
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Region 6
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Region 7
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Region 8
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Region 9
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<table>
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<tr>
<th>Territory</th>
<th>PR Representative</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Paulette Means</td>
<td>317.822.7490</td>
<td><a href="mailto:pmeans@mdwise.org">pmeans@mdwise.org</a></td>
</tr>
<tr>
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<tr>
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<tr>
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<tr>
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<td>Tonya Trout</td>
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<tr>
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<tr>
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<td><a href="mailto:mphillips@mdwise.org">mphillips@mdwise.org</a></td>
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<tr>
<td>Behavioral Health</td>
<td>Nichole Young</td>
<td>317.822.7509</td>
<td><a href="mailto:nyoung@mdwise.org">nyoung@mdwise.org</a></td>
</tr>
</tbody>
</table>
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gbowman1@iuhealth.org
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317-963-9931
iuhealthplansproviderrep@iuhealth.org

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Kiley Wanecke
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Region 4
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### Delivery System - Contact Information

<table>
<thead>
<tr>
<th>Delivery System</th>
<th>Representative</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>MDwise St. Vincent</td>
<td>Rochelle Bailey</td>
<td>317-575-7515</td>
<td><a href="mailto:rbailey@cmcs-indy.com">rbailey@cmcs-indy.com</a></td>
</tr>
<tr>
<td>MDwise Eskenazi</td>
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<td>317-880-4053</td>
<td><a href="mailto:cassandra.tannehill@eskenazihealth.edu">cassandra.tannehill@eskenazihealth.edu</a></td>
</tr>
<tr>
<td>MDwise Community Health Network</td>
<td>Selena Woodson</td>
<td>317-621-7593</td>
<td><a href="mailto:swoodson2@ecommunity.com">swoodson2@ecommunity.com</a></td>
</tr>
<tr>
<td>MDwise Total Health</td>
<td>Jeanette Rivas</td>
<td>260-266-5527</td>
<td><a href="mailto:jeanetterivas@parkview.com">jeanetterivas@parkview.com</a></td>
</tr>
<tr>
<td></td>
<td>Michele Meyer</td>
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<td><a href="mailto:michelemeyer@parkview.com">michelemeyer@parkview.com</a></td>
</tr>
<tr>
<td>MDwise Select Health</td>
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<td><a href="mailto:cbradberry@selecthn.com">cbradberry@selecthn.com</a></td>
</tr>
<tr>
<td>MDwise St. Catherine</td>
<td>Michaun Laster</td>
<td>219-947-6121</td>
<td><a href="mailto:mlaster@comhs.org">mlaster@comhs.org</a></td>
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MDwise Website
•  http://www.mdwise.org/

MDwise Provider Page
•  http://www.mdwise.org/for-providers

MDwise Contact Information
•  http://www.mdwise.org/for-providers/contact-information

MDwise Prior Authorization
•  http://www.mdwise.org/for-providers/forms/prior-authorization

MDwise Claims
•  http://www.mdwise.org/for-providers/claims